



BOARD OF OPTOMETRY
2420 DEL PASO ROAD, SUITE 255
SACRAMENTO, CALIFORNIA 95834
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www.optometry.ca.gov



Documentation of Collaborative Treatment of Glaucoma Patients

Authority: Business and Professions Code Section 3041(f)(2)

Name of Optometrist		License # of Optometrist	
Principle Place of Practice Street Address:		Phone #	
City	State	Zip	
Name of Collaborating Ophthalmologist: (Please Print)		Physician and Surgeon License #:	

Instructions: In order to receive a glaucoma certification, California licensed optometrists must demonstrate that they have collaboratively treated 50 primary open-angle glaucoma patients who are over 18 years old for a period of two years. This form is used to document evidence that the California licensed optometrist and board certified ophthalmologist listed above have completed collaborative treatment of the glaucoma patients listed below as required in Business and Professions Code Section 3041(f)(2). One form should be filed for each collaborating board certified ophthalmologist.

Note: Optometrists wishing to obtain glaucoma certification must submit an "Application for Glaucoma Certification" form provided by the State Board of Optometry.

Patient First Name & Last Initial	Date of Provisional Diagnosis	Date Diagnosis Confirmed & Treatment Plan Approved	Date of First Annual Report	Date of Final Annual Report	Ophthalmologist Physician and Surgeon Initials
1					
2					
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Patient First Name & Last Initial		Date of Provisional Diagnosis	Date Diagnosis Confirmed & Treatment Plan Approved	Date of First Annual Report	Date of Final Annual Report	Ophthalmologist Physician and Surgeon Initials
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Patient First Name & Last Initial	Date of Provisional Diagnosis	Date Diagnosis Confirmed & Treatment Plan Approved	Date of First Annual Report	Date of Final Annual Report	Ophthalmologist Physician and Surgeon Initials
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Optometrist Signature				Date:	
Ophthalmologist Signature				Date:	